

□Duplicate

## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

a. The Amendment/Reply filed on May 1, 2006.

b. The Information Disclosure Statement (IDS) filed on (date):

Application Number	10/724,697				
Filing Date*	December 2, 2003				
First Named Inventor	HSU				
Group Art Unit	2879				
Examiner Name	C. Raabe				
Attorney Docket No.	3126-334				
Automoy Booket No.	3.23 33 .				

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

		c. The Brief/Reply Brief filed on (date):												
	0	d. The page(s) of Form PTO-1449 and copy of each listed document filed (date):												
	Ø	e. Other: Amendment Under 37 C.F.R. § 1.116 filed herewith.												
Ø	2.	A Second and Third One- month Petition for Extensions of Time is filed herewith.												
Ø	3.	. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.												
Ø	4.	Authorization is hereby given to charge Deposit Account No. 501874 in the amount of \$845 to cover the Small Entity Filing Fee (\$395) and the Small Entity Extension Fee (\$450). A duplicate of this form is enclosed herewith.												
	5.	This Request is transmitted by facsimile to number (703)												
	6.	Other:												
	THE RCE FEE IS CALCULATED AS FOLLOWS: Basic Fee											\$790.00		
	Total Claims: 5 - 20 (highest number p									0.00	X \$18 =	0		
Inc	Independent Claims: 1 -					3	(highest number previously paid for) = 0.00			X \$86 =	0			
Correspondence Address:  TROXELL LAW OFFICE PLLC  Multiple Dependent Claim (add \$280.00)										add \$280.00):	0			
	5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041							Subtotal:				\$790.00		
CUSTOMER NUMBER: 40144 50% Reduction if Small Entity Status:										Entity Status:	\$395.00			
Phone: 703-575-2711 Fax: 703-575-2707								Total: \$395.00						
Date:							Name:		Signature:			Reg. No.		
June 29, 2006							Bruce H. Troxell	B x Such			H	26,592		

07/03/2006 HALI11 00000011 501874 10724697

01 FC:2801